

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155355		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING		X3) DATE SURVEY COMPLETED 01/10/2013	
NAME OF PROVIDER OR SUPPLIER  WEST BEND NURSING AND REHABILITATION				STREET ADDRESS, CITY, STATE, ZIP CODE 4600 W WASHINGTON AVE SOUTH BEND, IN 46619			
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F0000	<p>This visit was for a Recertification and State Licensure Survey.</p> <p>Survey dates: January 7, 8, 9, and 10, 2013</p> <p>Facility number: 000246 Provider number: 155355 AIM number: 100275420</p> <p>Survey Team: Shauna Carlson, RN TC Shelly Vice, RN Debora Kammeyer, RN Lora Swanson, RN</p> <p>Census bed type: SNF/NF: 80 Total: 80</p> <p>Census payor type: Medicare: 9 Medicaid: 64 Other: 7 Total: 80</p> <p>These deficiencies also reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality Review completed on January 20, 2013, by Brenda Meredith, R.N.</p>		F0000	<p>The creation and submission of this plan of correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation.</p> <p>Due to the relative low scope and severity of this survey, the facility respectfully requests a desk review in lieu of a post-survey revisit on or after February 9, 2013.</p>			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F0156 SS=A	<p>483.10(b)(5) - (10), 483.10(b)(1) NOTICE OF RIGHTS, RULES, SERVICES, CHARGES</p> <p>The facility must inform the resident both orally and in writing in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility. The facility must also provide the resident with the notice (if any) of the State developed under §1919(e)(6) of the Act. Such notification must be made prior to or upon admission and during the resident's stay. Receipt of such information, and any amendments to it, must be acknowledged in writing.</p> <p>The facility must inform each resident who is entitled to Medicaid benefits, in writing, at the time of admission to the nursing facility or, when the resident becomes eligible for Medicaid of the items and services that are included in nursing facility services under the State plan and for which the resident may not be charged; those other items and services that the facility offers and for which the resident may be charged, and the amount of charges for those services; and inform each resident when changes are made to the items and services specified in paragraphs (5)(i)(A) and (B) of this section.</p> <p>The facility must inform each resident before, or at the time of admission, and periodically during the resident's stay, of services available in the facility and of charges for those services, including any charges for services not covered under Medicare or by the facility's per diem rate.</p> <p>The facility must furnish a written description of legal rights which includes:</p>						

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	<p>A description of the manner of protecting personal funds, under paragraph (c) of this section;</p> <p>A description of the requirements and procedures for establishing eligibility for Medicaid, including the right to request an assessment under section 1924(c) which determines the extent of a couple's non-exempt resources at the time of institutionalization and attributes to the community spouse an equitable share of resources which cannot be considered available for payment toward the cost of the institutionalized spouse's medical care in his or her process of spending down to Medicaid eligibility levels.</p> <p>A posting of names, addresses, and telephone numbers of all pertinent State client advocacy groups such as the State survey and certification agency, the State licensure office, the State ombudsman program, the protection and advocacy network, and the Medicaid fraud control unit; and a statement that the resident may file a complaint with the State survey and certification agency concerning resident abuse, neglect, and misappropriation of resident property in the facility, and non-compliance with the advance directives requirements.</p> <p>The facility must comply with the requirements specified in subpart I of part 489 of this chapter related to maintaining written policies and procedures regarding advance directives. These requirements include provisions to inform and provide written information to all adult residents concerning the right to accept or refuse medical or surgical treatment and, at the</p>						

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	<p>individual's option, formulate an advance directive. This includes a written description of the facility's policies to implement advance directives and applicable State law.</p> <p>The facility must inform each resident of the name, specialty, and way of contacting the physician responsible for his or her care.</p> <p>The facility must prominently display in the facility written information, and provide to residents and applicants for admission oral and written information about how to apply for and use Medicare and Medicaid benefits, and how to receive refunds for previous payments covered by such benefits.</p> <p>Based on record review and interview, the facility failed to ensure that 2 of 3 residents reviewed for discharge from Medicare services received notification in a timely manner. (Resident #95 and Resident #97)</p> <p>Findings include:</p> <p>On 1/10/13 at 10:00 a.m., the NOMNC (Notice of Medicare Provider Non-Coverage) forms for three residents was received from the Office Manager and reviewed.</p> <p>The OMB Approval No. 0938-0953 (control number) form entitled Notice of Medicare Provider Non-Coverage for Resident # 95 indicated, "The effective date coverage of your current skilled nursing services will</p>	F0156	<p><b>F156 – Notice of Rights, Rules, Services, Charges</b></p> <p>It is the practice of this provider to inform the resident both in writing and in a language that the resident understands of his or her rights and all rules and regulations governing resident conduct and responsibilities during the stay in the facility.</p> <p><b><i>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</i></b></p> <p><i>Resident #95</i> – resident and family have been informed of Notice of Medicare Non-Coverage. This resident experienced no negative outcome related to this finding.</p> <p><i>Resident #97</i> – resident and family have been informed of Notice of Medicare Non-Coverage. This resident experienced no negative outcome</p>		02/09/2013		

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	<p>end: 9/25/12." The form was signed but not dated.</p> <p>The OMB Approval No. 0938-0953 form entitled Notice of Medicare Provider Non-Coverage for Resident # 97 indicated, "The effective date coverage of your current skilled nursing services will end: 9/12/12." The form was signed on 9/12/12.</p> <p>Review of current "Notice of Medicare Non-Coverage(NOMNC)/Determination On Continued Stay" policy, received from Office Manager on 1/9/13 at 10:00 a.m., indicated "...NOMNC form must be issued no later than two days (48 hours) before the proposed end of services. The resident or authorized representative must fill in the date that he/she signs the document. (This is critical to demonstrating the 2-day notice requirement.)...."</p> <p>During an interview on 1/10/13 at 8:09 a.m., the Office Manager (Employee #4) indicated it is her process to give two days notice to residents but on the letter for Resident #97, when the daughter signed it she did not put the actual day but put 9/12/12, which was the day of discharge.</p>			<p>related to this finding. <b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</b> All residents receiving Skilled Nursing Services have the potential to be affected by this finding. A facility audit will be completed by SSD/designee. This audit will ensure all residents have been given proper and timely notification related to Notice of Medicare Non-Coverage. Any errors or omissions noted during this audit will be clarified and/or corrected immediately. Changes in residents receiving Skilled Nursing Services will be communicated to all responsible staff during daily meetings. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> The ED/DNS/designee will be responsible for re-educating and in-servicing the SSD and other responsible staff members regarding Medicare Non-Coverage Notifications. This in-servicing will be completed on or before 2/9/13. The ED/DNS/designee will review all residents pending discontinuation of Skilled Services to ensure notification is provided within 2 days. <b>How the corrective action(s)</b></p>			

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	3.1-4(a)				<b><i>will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</i></b> CQI monitoring tool "Notice of Medicare Non-Coverage Letters" will be completed monthly to ensure all residents have been given proper and timely notifications related to Notice of Medicare Non-Coverage. Once 100% compliance is achieved the ED/BOM or designee will resume ongoing quarterly audits of notices and present findings at monthly CQI meetings.		

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F0371 SS=E	<p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions Based on observation, interview and record review, the facility failed to serve food in a sanitary manner in regard to touching food with their bare hands for 2 of 4 residents of 26 residents being served their noon meal and 1 server not wearing a beard guard while serving food. (Resident #48 and Resident #16)</p> <p>Findings include:</p> <p>1. On 1/7/13 at 12:45 PM, CNA #1 was observed cutting the hamburger buns of Resident #48 and Resident #16 with her bare hands. She then picked up the the cheese and bun of another resident and cut the sandwich without gloves and touching bun with bare hands. Dietary server #2 was observed handing one hamburger bun with her bare hands. There were 26 residents being served their noon meal in the 2nd floor dining room.</p> <p>An interview was conducted on</p>			F0371	<p>F 371 Food Procure, Store/Prepare/Serve-SanitaryIt is the practice of West Bend Nursing and Rehabilitation to store, prepare and serve food in a sanitary manner. <b>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</b> Resident #48 and Resident #16 were affected by this practice with the potential of all 26 residents being served at this meal being affected. Neither Resident #48 nor Resident #16 had any complications as a result of this delinquent practice. Residents #48 and Resident #16 are receiving their food following proper food handling techniques. All dietary and nursing staff will be re-educated on proper food handling via policy "General Food Preparation and Handling" by February 9, 2013. During meal service a male Dietary employee was observed serving in one of our dining rooms without wearing a beard guard. None of our residents were negatively affected by this proactive. All Dietary employees or employees</p>		02/09/2013



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	<p>1/10/13 at 9:35 AM with the Certified Dietary Manager (CDM) and the Director of Nursing (DON). The CDM indicated the staff should use a tong or a fork to hold the hamburger bun, not their bare hands, when cutting anything for the residents. The DON explained that she had sent a reminder to staff not to touch the resident's food as she had seen the staff touching the resident's hamburger buns on 1/7/13.</p> <p>A review of the current policy on 1/10/13 at 10:45 AM, "General Food Preparation and Handling," dated 2/2002 and revised on 4/2011, indicated "bare hands should never touch raw or ready to eat food directly."</p>			<p>who serve food may not have facial hair or must wear a beard guard. All Dietary staff will be in-services on "Dietary Personal Hygiene" by DM/ED or designee by February 9, 2013. <b>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken:</b> All residents being served had the potential of being affected by this practice. None of our residents were negatively affected by this practice. All dietary and nursing staff will be re-educated on proper food handling via policy "General Food Preparation and Handling" by February 9, 2013. All Dietary staff will be in-services on "Dietary Personal Hygiene" by DM/ED or designee by February 9, 2013. All staff assisting with meal service are being observed to wear beard/facial net while assisting with meal service. All staff have been observed utilizing proper food handling techniques. <b>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur:</b> All nursing and dietary staff have been re-educated on "General Food Preparation and Handling" as well as "Dietary Personal Hygiene" when serving in Dining Rooms. Department managers will be completing "Meal Observations checklists" daily for</p>			

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	<p>2. On 1/7/13 at 12:41 PM, Dietary Server #5 was observed with facial hair while serving lunch in the Augustus' Cottage (locked Alzheimer's Unit) without wearing a beard guard.</p> <p>During an interview on 1/10/13 at 1:45 PM, the DON indicated dietary servers were supposed to be clean shaven if they were working in the kitchen or serving food.</p>			<p>30 days equivalent to observations covering each dining room during various meals to ensure proper food handling techniques and proper hygiene is followed. Completion Date: February 9, 2013</p> <p><b>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place:</b></p> <p>Department managers will be completing "Meal Observations checklists" daily for 30 days and monthly thereafter for at least 6 months until 90% compliance has been reached. Information will be reviewed at monthly CQI Committee meetings. If 90% threshold is not met an action plan will be developed and implemented.</p> <p>Completion Date: February 9, 2013</p>			

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	<p>During an interview on 1/10/13 at 1:55 PM, Dietary Manager (Employee #3) indicated if a dietary servers had facial hair they were to wear a beard guard.</p> <p>Review of current "Dietary Personal Hygiene" policy received from DON, on 1/10/13 at 1:55 PM, indicated "...Dietary employees with facial hair should also wear a beard restraint...."</p> <p>3.1-21(i)(3)</p>						